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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

	1 OI AII A	tatilolized O	Ommittee			Office Use Only
NAME OF COMMITTEE (in full)	USE FEC MAIL OR TYPE OR P		Example:If to	∕ping, type ⊛s		
Kolbe For Congress						
ADDRESS (number and street)	P O Box 31	568				
Check if different than previously reported. (ACC)	Tucson				LAZ	85751
2. FEC IDENTIFICATION NU	JMBER ₩	CITY	/ A		STATE	ZIP CODE ▲ STATE ▼ DISTRICT
C00144857		3. IS THI REPO		NEW (N) OR	AMEN (A)	
4. TYPE OF REPORT (a) Quarterly Reports: April 15 Quarterly July 15 Quarterly X October 15 Quar January 31 Year-	Report (Q2) terly Report (Q3)	Electio	Primar Conve	n Report for the: y (12P) ntion (12C) on Report for the: al (30G)	General (Special (Runoff (3	in the State of
Termination Repo		2 0 0 6	7	ough 0 9	3 0	State of 2 0 0 6
	r Willian	n H. Kelley William H. K	elley		Date 1 0	15 2006
NOTE : Submission of false, en	roneous, or incomp	lete information	may subject th	e person signing	this Report to the	FEC FORM 3 (Revised 02/2003)

Image# 26930464806

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003) Page 2 Write or Type Committee Name Kolbe For Congress ° D 0.7 0 1 0 9 From: 2006 2006 Report Covering the Period: To: 3 0 **COLUMN B COLUMN A This Period Election Cycle-to-Date** Net Contributions (other than loans) (a) Total Contributions 0.00 322975.85 (other than loans) (from Line 11(e))...... (b) Total Contribution Refunds 0.00 101454.50 (from Line 20(d))..... (c) Net Contributions (other than loans) 0.00 221521.35 (subtract Line 6(b) from Line 6(a))....... 7. Net Operating Expenditures (a) Total Operating Expenditures 6091.94 176432.46 (from Line 17)..... (b) Total Offsets to Operating 0.00 6738.32 Expenditures (from Line 14)..... (c) Net Operating Expenditures 6091.94 169694.14 (subtract Line 7(b) from Line 7(a))....... Cash on Hand at Close of 143586.63 Reporting Period (from Line 27)..... 9. Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)..... For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100 FEC Form 3 (Revised 02/2003)

DETAILED SUMMARY PAGE

of Receipts

Page 3

Write or Type Committee Name Kolbe For Congress м м 0 7 ° D 2006 09 2006 0 1 3 0 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 184158.00 (i) Itemized (use Schedule A)..... 0.00 31121.43 (ii) Unitemized..... (iii) TOTAL of contributions 0.00 215279.43 from individuals..... 0.00 528.72 (b) Political Party Committees..... (c) Other Political Committees 0.00 107167.70 (such as PACS)..... 0.00 0.00 (d) The Candidate..... (e) TOTAL CONTRIBUTIONS (other than loans) 0.00 322975.85 (add Lines 11(a)(iii), (b), (c), and (d)) 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES..... 13. LOANS (a) Made or Guaranteed by the 0.00 0.00 Candidate..... 0.00 0.00 (b) All Other Loans..... (c) TOTAL LOANS 0.00 0.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 6738.32 (Refunds, Rebates, etc.).... 15. OTHER RECEIPTS 1369.90 10898.46 (Dividends, Interest, etc.)..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...... 1369.90 340612.63

FEC Form 3 (Revised 02/2003)

DETAILED SUMMARY PAGE

of Disbursements

Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	6091.94	176432.46
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed		
	by the Candidate	0.00	0.00
	(b) Of all Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20.	REFUNDS OF CONTRIBUTIONS TO:		
	(a) Individuals/Persons Other Than Political Committees	0.00	101454.50
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	101454.50
21.	OTHER DISBURSEMENTS	14296.00	96258.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	20387.94	374144.96
	III. CASH SUMMA	ARY	
23.	CASH ON HAND AT BEGINNING OF REPORTING	PERIOD	162604.67
24.	TOTAL RECEIPTS THIS PERIOD (from Line 16, pag	ge3)	1369.90
25.	SUBTOTAL (add Line 23 and Line 24)		163974.57
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line	2 22)	20387.94
27.	CASH ON HAND AT CLOSE OF REPORTING PERI	IOD	143586.63

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5/14 (check only one) 11a 11b 11c 11d 11d 12 13a 13b 14 14 15
Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Kolbe For Congress			
Full Name (Last, First, Middle Initial) RBC Dain Rauscher Mailing Address 3430 E. Sunrise Dr., S City Tucson FEC ID number of contributing federal political committee. Name of Employer Receipt For: 2006 X Primary General Other (specify)	State AZ C	Zip Code 85718- n Cycle-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) RBC Dain Rauscher Mailing Address 3430 E. Sunrise Dr., 3 City Tucson FEC ID number of contributing federal political committee. Name of Employer Receipt For: 2006 X Primary General Other (specify)	State AZ C Occupatio	Zip Code 85718- n Cycle-to-Date ▼ 10427.78	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) RBC Dain Rauscher Mailing Address 3430 E. Sunrise Dr., 3 City Tucson FEC ID number of contributing federal political committee. Name of Employer Receipt For: 2006 X Primary General Other (specify)	State Zip Code AZ 85718- contributing nmittee. C C C C C C C C C C C C C		Date of Receipt M M M / D D / 28 2006 Transaction ID: 61015.C10639 Amount of Each Receipt this Period 470.68 Other Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page (optional)			1369.90
TOTAL This Period (last page this line numbe	r only)		1369.90

_						
SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		•	Use seperate schedule(s) for each category of the Detailed Summary Page		(check onl	PAGE 6 / 14 PAGE 6 / 14
						for the purpose of solicating contributions plicit contributions from such committee
\rangle	NAME OF COMMITTEE (Kolbe For Congress	(In Full)				
Α.	Full Name (Last, First, Middle Initial) A. Aristotle Publishing					Transaction ID: 61015.E4843 Date of Disbursement 0 8
	Mailing Address 205 S.E.	Pennsylvania Ave				08 / 31 / 2006
	City Washington		State DC	Zip Code 20003-		Amount of Each Disbursement this Period
	Purpose of Disbursement SOFTWARE MAINTENA	NCE CONTRACT				1500.00 Refund or Disposal of Excess
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Sei	use Disbur nate esident	sement For: Primary Other (spe	General ecify) ▼		SOFTWARE MAINTENANCE CONT- RACT
	State: Distric					
В.	Full Name (Last, First, Middle Initial) Jim Kolbe				Transaction ID: 61015.E4850 Date of Disbursement M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Mailing Address 5418 E. 6th					08 01 2006
	City Tucson		State AZ	Zip Code 85711-		Amount of Each Disbursement this Period
	Purpose of Disbursement SEE BELOW: REIMBURS	SEMENT				691.47 Refund or Disposal of Excess
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Sei	use Disbur nate esident	sement For: Primary Other (spe	General		SEE BELOW: REIMBURSEMENT
	State: Distric			cony) $lacksquare$		
C.	Full Name (Last, First, Middle Initial) Schneiders of Capitol Hill					Transaction ID: 61015.E4851 Date of Disbursement
	Mailing Address 300 Massachusetts Avenue NE					$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Washington		State DC	Zip Code 20002-		Amount of Each Disbursement this Period
	Purpose of Disbursement DC CELEBRATION					691.47 Refund or Disposal of Excess
	Candidate Name				Category/ Type	Contributions Required Under
	Sel Pre	nate esident	sement For: Primary Other (spe	General ecify) ▼		[MEMO ITEM] MEMO: DC CELEBRATION
	State: Distric	t:				

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

C/		\				
SCHEDULE B (FEC Form 3 ITEMIZED DISBURSEMENTS		Use seperate scriedule(s)			FOR LINE (check only	NUMBER: PAGE 7/14
		for each category of the Detailed Summary Page		I ` -	X 17 18 19a 19b 20a 20b 20c 21	
	y Information copied from such Reports a for commercial purposes, other than using					for the purpose of solicating contributions licit contributions from such committee
\setminus	NAME OF COMMITTEE (In Full)					
	Kolbe For Congress					
A.	Full Name (Last, First, Middle Initial) Midway Storage					Transaction ID: 61015.E4855 Date of Disbursement
	Mailing Address 4500 East Speed	dway				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 8 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & O & O & O \\ Y & Z & O & O & O \end{bmatrix}$
	City Tucson		State AZ	Zip Code 85712-		Amount of Each Disbursement this Period
	Purpose of Disbursement STORAGE UNIT				0 0	561.00 Refund or Disposal of Excess
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President		nent For: Primary Other (spe	General cify) ▼		STORAGE UNIT
	State: District:					
В.	Full Name (Last, First, Middle Initial) PNC Bank (Platinum Plus for Business)				Transaction ID: 61015.E4857 Date of Disbursement	
	Mailing Address P O Box 15469					$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 8 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & O & O & O \\ Y & Z & O & O & O \end{bmatrix}$
	City Wilmington		State DE	Zip Code 19850-5463		Amount of Each Disbursement this Period
	Purpose of Disbursement SEE BELOW: CREDIT CARD					24.47 Refund or Disposal of Excess
					Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President	Disburser	ment For: Primary Other (spe	General		SEE BELOW: CREDIT CARD
	State: District:		` .	•		
C.	Full Name (Last, First, Middle Initial) Federal Express					Transaction ID: 61015.E4859 Date of Disbursement
	Mailing Address P.O. Box 1140					$\begin{bmatrix}\begin{smallmatrix}M\\08\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}D\\01\end{smallmatrix}\end{bmatrix}^D \begin{bmatrix}Y\\2006\end{smallmatrix}$
	City Memphis		State TN	Zip Code 38101-		Amount of Each Disbursement this Period
	Purpose of Disbursement SHIPPING					24.47 Refund or Disposal of Excess
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President		ment For: Primary Other (spe	General cify) ▼		[MEMO ITEM] MEMO: SHIPPING
_	State: District:					
s	UBTOTAL of Disbursements This Page	(optional)				585.47

TOTAL This Period (last page this line number only)

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	CHEDULE B (FEC Form 3)	Use seperate s		FOR LINE (check only	
H	EMIZED DISBURSEMENTS	for each catego Detailed Summ		l ` <u>-</u>	X 17
	y Information copied from such Reports and Stater or commercial purposes, other than using the name				
\rangle	NAME OF COMMITTEE (In Full) Kolbe For Congress				
Α.	Full Name (Last, First, Middle Initial) PNC Bank (Platinum Plus for Business)				Transaction ID: 61015.E4858 Date of Disbursement
	Mailing Address P O Box 15469				0 8 M / D 1 7 / Y Y Y O 6 Y
	City Wilmington		Code 350-5463		Amount of Each Disbursement this Period
	Purpose of Disbursement SEE BELOW: CREDIT CARD				20.00 Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburs Senate President	ement For: Primary Other (specify)	General		SEE BELOW: CREDIT CARD
	State: District:				
В.	Full Name (Last, First, Middle Initial) PNC Bank (Platinum Plus for Business)				Transaction ID: 61015.E4863 Date of Disbursement
	Mailing Address P O Box 15469		$\begin{bmatrix} \begin{smallmatrix} M & 8 & M \\ 0 & 8 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$		
	City Wilmington		Code 350-5463		Amount of Each Disbursement this Period
	Purpose of Disbursement ANNUAL FEE				20.00 Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under
	Office Sought: House Disburs Senate President	ement For: Primary Other (specify)	General		[MEMO: ITEM] MEMO: ANNUAL FEE
	State: District:	, , ,	•		
C.	Full Name (Last, First, Middle Initial) Stoklos Photography				Transaction ID: 61015.E4868 Date of Disbursement
	Mailing Address 8802 N. Morningview		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & R \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & I \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & G \end{smallmatrix} \end{bmatrix}$		
	City Tucson		Code 737-		Amount of Each Disbursement this Period
	Purpose of Disbursement				250.00
	PHOTOS Candidate Name		Category/ Type		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburs: Senate President	ement For: Primary Other (specify)	General	71	PHOTOS
_	State: District:	(0p00mj)	*		
S	UBTOTAL of Disbursements This Page (optional)			>	270.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3)		Llea conorata cobor	Use seperate schedule(s)		E NUMBER: PAGE 9/14	
IT	EMIZED DISBURSEMENTS	for each category of Detailed Summary	f the	(check only	y one) X 17	
	y Information copied from such Reports and Statem for commercial purposes, other than using the name					
\setminus	NAME OF COMMITTEE (In Full)					
V	Kolbe For Congress					
Α.	Full Name (Last, First, Middle Initial) The Gusto Group Mailing Address 3480 N. Avenida Albor				Transaction ID: 61015.E4869 Date of Disbursement O 7 M / D 3 O / Y Y Y O O 6	
	City Tucson	State Zip Code AZ 85745-			Amount of Each Disbursement this Period	
	Purpose of Disbursement ACCOUNTING	AZ 65745-		0 0	1000.00 Refund or Disposal of Excess	
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	Senate President	ement For: Primary Ge Other (specify)	neral		ACCOUNTING	
	State: District:					
В.	Full Name (Last, First, Middle Initial) The Gusto Group				Transaction ID: 61015.E4870 Date of Disbursement	
	Mailing Address 3480 N. Avenida Albor	$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & R \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & J \\ J & J \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & O & O & G \\ J & J & O & O & G \end{bmatrix}$				
	City Tucson	State Zip Code AZ 85745-			Amount of Each Disbursement this Period	
	Purpose of Disbursement ACCOUNTING			1000.00 Refund or Disposal of Excess		
	Candidate Name				Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disburse Senate President	ement For: Primary Ge Other (specify)	neral		ACCOUNTING	
	State: District:	, (1 <i>3)</i> , V				
C.	Full Name (Last, First, Middle Initial) The Gusto Group				Transaction ID: 61015.E4871 Date of Disbursement	
	Mailing Address 3480 N. Avenida Albor		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 9 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$			
	City Tucson	State Zip Code AZ 85745-			Amount of Each Disbursement this Period	
	Purpose of Disbursement		Г	• •	1000.00	
	ACCOUNTING Candidate Name C				Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disburse Senate	ement For:	neral	Туре	ACCOUNTING	
	President State: District:	Other (specify)				
s	UBTOTAL of Disbursements This Page (optional)			<u></u>	3000.00	

6046.94

TOTAL This Period (last page this line number only)

	CHEDULE B (FECFORIII 3)	Use seperate schedule(s)		NUMBER: PAGE 10 / 14
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl	17 18 19a 19b 20a 20b 20c X 21
	y Information copied from such Reports and Stati for commercial purposes, other than using the na			
\rangle	NAME OF COMMITTEE (In Full) Kolbe For Congress	,,		
Α.	Full Name (Last, First, Middle Initial) Porter For Congress Mailing Address P.O. Box 26087			Transaction ID: 61015.E4854 Date of Disbursement M 9 M / D 2 5 / Y 2 0 0 6
	City Las Vegas	State Zip Code NV 89126-		Amount of Each Disbursement this Period
	Purpose of Disbursement ID: C 67367 (House NV 3) Candidate Name		003 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
		xsement For: 2006 X Primary General Other (specify)		
В.	Full Name (Last, First, Middle Initial) Sweeney For Congress			Transaction ID: 61015.E4853 Date of Disbursement
	Mailing Address PO Box 1465		0 9 M / 2 5 / Y 2 0 0 6 Y	
	City Clifton Park Purpose of Disbursement ID: C 37428 (House NY 20)	State Zip Code NY 12065-	003	Amount of Each Disbursement this Period 1000.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	9	rsement For: 2006 X Primary General Other (specify) ▼		
Э.	Full Name (Last, First, Middle Initial) Friends Of John Mccain	Transaction ID: 61015.E4852 Date of Disbursement		
	Mailing Address 211 NORTH UNION S	0 9 M / 25 / Y 2006 6 Y		
	City Alexandria	State Zip Code VA 22314-		Amount of Each Disbursement this Period
	Purpose of Disbursement ID: C 41891 (Senate AZ) Candidate Name	003	Refund or Disposal of Excess Contributions Required Under	
		rsement For: 2006	Category/ Type	11 C.F.R. 400.53
	Senate President State: District:	Primary X General Other (specify) ▼		
_	UBTOTAL of Disbursements This Page (optiona	J)		3000.00

SCHEDULE B (FECFOIII 3)	I lea caparata capadula(c)	NE NUMBER: PAGE 11 / 14			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page (check o	17 18 19a 19b 20a 20b 20c X 21			
Any Information copied from such Reports and Sta or for commercial purposes, other than using the n					
NAME OF COMMITTEE (In Full) Kolbe For Congress					
Full Name (Last, First, Middle Initial) A. Hershberger for Representative Mailing Address P.O. Box 35188		Transaction ID: 61015.E4856 Date of Disbursement M 9 M / D 2 5 / Y Y Y O Y 6 Y			
City Tucson	State Zip Code AZ 85740-	Amount of Each Disbursement this Period			
Purpose of Disbursement AZ LEGISLATURE CANDIDATE Candidate Name	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
Office Sought: House Senate President State: District:	ursement For: 2006 X Primary General Other (specify) ▼				
Full Name (Last, First, Middle Initial) B. Charles Taylor for Congress		Transaction ID: 61015.E4844 Date of Disbursement 0 9 4 2 5 7 2 0 0 6			
Mailing Address PO Box 2355	Mailing Address PO Box 2355				
City Asheville Purpose of Disbursement ID: C 22653 (House NC 11)	State Zip Code NC 28802-	Amount of Each Disbursement this Period 1000.00 Refund or Disposal of Excess			
Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
Office Sought: House Disbute Senate President State: District:	ursement For: 2006 X Primary General Other (specify) ▼				
Full Name (Last, First, Middle Initial) C. Clay Shaw for Congress		Transaction ID: 61015.E4845 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address P.O. Box 2188	Mailing Address P.O. Box 2188				
City Fort Lauderdale	State Zip Code FL 33303-	Amount of Each Disbursement this Period			
Purpose of Disbursement ID: C 17119 (House FL 22) Candidate Name	001 Category/	Refund or Disposal of Excess Contributions Required Under			
	Type ursement For: 2006	11 C.F.R. 400.53			
Office Sought: House Disbuter Senate President State: District:	X Primary General Other (specify)				
SUBTOTAL of Disbursements This Page (option	nal)	2296.00			
TOTAL This Period (last page this line number o					

SCHEDULE B (FECFORIII 3)		Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 12/14
ITEMIZED DISB		for each category of the Detailed Summary Page		17 18 19a 19b 20a 20b 20c X 21
				or the purpose of solicating contributions licit contributions from such committee
NAME OF COMMITT Kolbe For Congres	,			
A. Curt Weldon for Co Mailing Address	,			Transaction ID: 61015.E4846 Date of Disbursement M 9 M / D 2 5 / Y 2 0 0 6 Y
City Media		State Zip Code PA 19063-		Amount of Each Disbursement this Period
Purpose of Disbursem ID: C 75869 (House Pandidate Name			001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: State: Dis		ement For: 2006 Primary General Other (specify)		
Full Name (Last, First, Danny Rehberg for	'			Transaction ID: 61015.E4847 Date of Disbursement
Mailing Address F	P.O. Box 1597		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & O & O \\ O & O & O \end{smallmatrix} \end{bmatrix} $	
City Helena Purpose of Disburser	nent	State Zip Code MT 59624-		Amount of Each Disbursement this Period 1000.00
	ID: C 49431 (House MT 1)			Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: State: Dis	·	ement For: 2006 Primary General Other (specify)		
Full Name (Last, First, Jeff Fortenberry fo	,			Transaction ID: 61015.E4848 Date of Disbursement
Mailing Address 1	610 N Street			$\begin{bmatrix} \begin{smallmatrix} M & 9 & M \\ 0 & 9 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 5 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$
City Lincoln		State Zip Code NE 68508-		Amount of Each Disbursement this Period
Purpose of Disbursem ID: C 95467 (House N			003	1000.00 Refund or Disposal of Excess
Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: State: Dis		ement For: 2006 Primary General Other (specify)		
				3000.00
)		

50	CHEDULE B (FEC Form 3)	Use sepe	erate schedule(s)		NUMBER:	PAGE 13 / 14
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check on	17 18 11	9a 19b 0c X 21
	y Information copied from such Reports and State for commercial purposes, other than using the na					
\rangle	NAME OF COMMITTEE (In Full) Kolbe For Congress					
_	Full Name (Last, First, Middle Initial)				Transaction ID: 6101	5.E4864
Α.	Richard Pombo for Congress	Date of Disbursement	V * V * V * V			
	Mailing Address 2150 RIVER PLAZA DI	R. #150			0 9 2 5	y žoó6°
	City Sacramento	State CA	Zip Code 95833-		Amount of Each Disbu	rsement this Period
	Purpose of Disbursement	- CA	90000-			1000.00
	ID: C 61370 (House CA 11)			002	Refund or Disposa	l of Excess
	Candidate Name			Category/ Type	Contributions Requ 11 C.F.R. 400.53	ired Under
	Senate President	sement For: X Primary Other (spe	2006 General			
_	State: District:					
В.	Full Name (Last, First, Middle Initial) Ron Drake for Congress				Transaction ID: 6101 Date of Disbursement	5.E4865
	Mailing Address PO BOX 14422	09 / 29 /	^Y 2006			
	City Phoenix	State AZ	Zip Code 85063-		Amount of Each Disbu	rsement this Period
	Purpose of Disbursement ID: C 18749 (House AZ 7)		004	1000.00 Refund or Disposal of Excess		
	Candidate Name			Category/ Type	Contributions Requ 11 C.F.R. 400.53	
		Sement For: X Primary Other (spe	2006 General			
C.	Full Name (Last, First, Middle Initial) Steve Chabot for Congress				Transaction ID: 6101 Date of Disbursement	5.E4867
	Mailing Address 3339 Harrison Ave.				09 / 25	2006
	City Cincinnati	State OH	Zip Code 45211-		Amount of Each Disbu	rsement this Period
	Purpose of Disbursement ID: C 01838 (House OH 1)			003	Refund or Disposa	1000.00
	Candidate Name			Category/ Type	Contributions Requ 11 C.F.R. 400.53	
	9	sement For: X Primary Other (spe	2006 General			
		n.				3000.00
⊢ ^s	UBTOTAL of Disbursements This Page (optiona	l)		<u> </u>		3000.00
T	OTAL This Period (last page this line number on	ly)				

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	-	NUMBER: PAGE 14 / 14				
IT	EMIZED DISBURSEMENTS	for each category of the	(check only	y one)				
		Detailed Summary Page		20a 20b 20c X 21				
	y Information copied from such Reports and Statem for commercial purposes, other than using the name							
\	NAME OF COMMITTEE (In Full)	and address of any pointed						
\rangle	Kolbe For Congress							
	Full Name (Last, First, Middle Initial)			Transaction ID: 61015.E4872				
٦.	Themla Drake for Congress			Date of Disbursement				
	Mailing Address P.O. Box 61480			$\begin{bmatrix} M & M & M \\ 0 & 9 & M \end{bmatrix}$ $\begin{bmatrix} D & D & D \\ 2 & 5 \end{bmatrix}$ $\begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$				
		State Zip Code VA 23466-		Amount of Each Disbursement this Period				
	Purpose of Disbursement	VA 25400-		1000.00				
	ID: C 05696 (House VA 2)		004	Refund or Disposal of Excess				
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53				
		ment For: 2006						
	Senate X President	Primary General Other (specify) ▼						
	State: District:	Other (specify)						
2	Full Name (Last, First, Middle Initial)			Transaction ID: 61015.E4866				
٠.	Shelly Moore Capito for Congress			Date of Disbursement				
	Mailing Address 902 VA St. East			$\begin{bmatrix} M & M & M \\ 0 & 9 & M \end{bmatrix}$ $\begin{bmatrix} D & D & D \\ 2 & 5 \end{bmatrix}$ $\begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$				
	•	State Zip Code WV 25301-		Amount of Each Disbursement this Period				
	Purpose of Disbursement		• • • • • • • • • • • • • • • • • • • •	1000.00				
	ID: C 47849 (House WV 2) Candidate Name		003 Category/	Refund or Disposal of Excess Contributions Required Under				
			Type	11 C.F.R. 400.53				
		ment For: 2006 Primary General						
	President	Other (specify)						
	State: District:							
٥.	Full Name (Last, First, Middle Initial) Northrup for Congress			Transaction ID: 61015.E4842 Date of Disbursement				
	Mailing Address Anne Northup 4006 Dutchmans Lane			$\begin{bmatrix} M & M \\ O & 9 \end{bmatrix} & \begin{bmatrix} D & D \\ D & D \end{bmatrix} & \begin{bmatrix} Y & Y & Y & O & O \\ O & O & O \end{bmatrix}$				
	City	State Zip Code KY 40207-		Amount of Each Disbursement this Period				
	Purpose of Disbursement ID: C 64448 (House KY 3)		003	1000.00				
	Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53				
		ment For: 2006						
	Senate President	Primary X General Other (specify) ▼						
_	State: District:							
S	SUBTOTAL of Disbursements This Page (optional)							
T	OTAL This Period (last page this line number only)			14296.00				
•	o los (last page this into hamber only)							